

Developmental Disabilities Grant Proposal Coversheet



Project Title:			
Overall Goal:			
Applicant Name:			
Type of Organization: (check or X)	State agency <input type="checkbox"/>	Other Public Agency <input type="checkbox"/>	FIN ID#:
	For-Profit <input type="checkbox"/>	Non-Profit <input type="checkbox"/>	
Address:			
City, State, Zip:		Telephone:	
Web Address (URL):		Fax:	
Project Coordinator:		Telephone:	
Title:		Email:	
Financial Officer :		Telephone:	
Title:		Email:	
Type of Disabilities that the Project Addresses:			
Location/s that this Project Serves:			
Is the location served a Federally Designated Poverty Area?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Proposed Term of Project:	Starting Date:	Completion Date:	
Project Products/Deliverables:			
TOTAL DD FUNDS REQUESTED:			
TOTAL MATCH (CASH/IN-KIND):			

TERMS AND CONDITIONS

If the proposed Developmental Disabilities Grant is funded, the applicant will implement the project consistent with the information contained in this proposal and according to terms specified with the Project Assurances (Section III, A).

Name of Authorized Signature:

Title:

Date:

Signature:

